PTG/28/8 (A. (12-08)

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PATENT - POWER OF ATTORNEY

OR

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forms are submitted.

Name

Title and Company

signature is required, see balow". X *Total of _

7,143,770

December 5, 2006

REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Title INJECTION MODIFIED AND PACKAGING FINGERNALS AND FI						
				I hereby revoke all previous powers of attorney given	in the above-Identified p	atent.	
				A Power of Attorney is submitted herewith. OR I hereby appoint Practitioner(s) associated with the for attorney(s) or agent(s) with respect to the patent identified to the United States Patient and Trademark Office cont	tified above, and to transa- ected therewith: our altomey(s) or agent(s) (ct all business in 81099	
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arn the: Inventor having exerciship of the paters. OR Paters owner Statement under 37 CFR 3.27(b) (Form PTC/SB/96) submitte A SIGNATURE of inventor							
Signature (1)	Date	7/12/11					

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NOTE Eignatures of all the inventors or prisent courses of the array interest or their propopertative(s) are expulsed. Submit multiple forms if more than one

Telephone

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